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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|----------------------|
| Application Number | not yet assigned |
| Filing Date | filed herewith |
| First Named Inventor | von Mueller et al. |
| Title | WIRELESS/WIRED TOKEN |
| Art Unit | not yet assigned |
| Examiner Name | " " " |
| Attorney Docket Number | 04-SEM/111 |

I hereby appoint:

 Practitioners associated with the Customer Number:

22890

OR

 Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

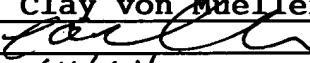
OR

| | | | | |
|--------------------------|-------------------------|-----|--|--|
| <input type="checkbox"/> | Firm or Individual Name | | | |
| Address | | | | |
| Address | | | | |
| City | State | Zip | | |
| Country | | | | |
| Telephone | Fax | | | |

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|--------------|
| Name | Clay von Mueller | | |
| Signature |  | | |
| Date | 5/4/04 | Telephone | 858-278-6003 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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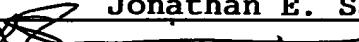
 The address associated with Customer Number:

OR

| | | | | |
|--------------------------|-------------------------|--|--|--|
| <input type="checkbox"/> | Firm or Individual Name | | | |
| <input type="checkbox"/> | Address | | | |
| <input type="checkbox"/> | Address | | | |
| <input type="checkbox"/> | City | | | |
| <input type="checkbox"/> | Country | | | |
| <input type="checkbox"/> | Telephone | | | |

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

| | | | |
|-----------|---|-----------|--------------|
| Name | Jonathan E. Sarkasian | | |
| Signature |  | | |
| Date | 15/04/04 | Telephone | 858-278-6003 |

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| Art Unit | not yet assigned |
| Examiner Name | " " " |
| Attorney Docket Number | 04-SEM/111 |

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SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|------------------------------|-----------|--------------|
| Name | Konrad J. B. Andersen | | |
| Signature | <i>Konrad J. B. Andersen</i> | | |
| Date | 5/04/04 | Telephone | 619-749-3720 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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OR

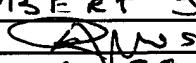
| | | | | |
|--------------------------|-------------------------|-------|--|-----|
| <input type="checkbox"/> | Firm or Individual Name | | | |
| Address | | | | |
| Address | | | | |
| City | | State | | Zip |
| Country | | | | |
| Telephone | | Fax | | |

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|--------------|
| Name | ROBERT J. MOS | | |
| Signature |  | | |
| Date | 5-4-2004 | Telephone | 858-278-6003 |

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

| | |
|------------------------|--------------------|
| Attorney Docket Number | 04-SEM/111 |
| First Named Inventor | von Mueller et al. |
| COMPLETE IF KNOWN | |
| Application Number | |
| Filing Date | filed herewith |
| Art Unit | |
| Examiner Name | |

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**WIRELESS/WIRED TOKEN ACCESS DISTRIBUTED NETWORK
AND SYSTEM FOR USING SAME**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? Yes | Certified Copy Attached? No |
|-------------------------------------|---------|----------------------------------|--------------------------|------------------------------|-----------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: **22890** OR Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])**Clay**Family Name
or Surname**von Mueller**Inventor's
Signature

Date

5/4/04

Residence: City

San Diego

State

CA

Country

US

Citizenship

US

Mailing Address

804 Anacapa Court

City

San Diego

State

CA

ZIP

92109

Country

US

NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])**Kyle R.**Family Name
or Surname**Zaidain**Inventor's
Signature**DECEASED**

Date

Residence: City

Half Moon Bay

State

CA

Country

US

Citizenship

US

Mailing Address

31 Seacrest Court

City

Half Moon Bay

State

CA

ZIP

94019

Country

US

Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental SheetPage 1 of 2

| | | | |
|--|-----------------------|---|--------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Jonathan E. | | Sarkisian | |
| Inventor's Signature | | | Date 5/04/04 |
| Residence: City | San Diego | State | CA |
| Country | US | Citizenship US | |
| Mailing Address 4555 Saddle Mountain Court | | | |
| Mailing Address | | | |
| City | San Diego | State | CA |
| Zip | 92130 | Country US | |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Konrad J. B. | | Andersen | |
| Inventor's Signature | Konrad J. B. Andersen | | Date 5/5/04 |
| Residence: City | El Cajon | State | CA |
| Country | US | Citizenship US | |
| Mailing Address 1908 Treseder Circle | | | |
| Mailing Address | | | |
| City | El Cajon | State | CA |
| Zip | 92019 | Country US | |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | | Date |
| Residence: City | | State | |
| Country | | Citizenship | |
| Mailing Address | | | |
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental SheetPage 2 of 2

| | | | | | |
|--|-----------------|---|-------------------|-----------------------|----------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle (if any) | | Family Name or Surname | | | |
| Robert J. | | Mos | | | |
| Inventor's Signature | | | | | S-4-2004 |
| Residence: City San Diego | | State CA | Country US | Citizenship US | |
| Mailing Address 2637 Mission Blvd. | | | | | |
| Mailing Address | | | | | |
| City San Diego | State CA | Zip 92109 | Country US | | |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
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| | | | | | |
| Inventor's Signature | | | | | Date |
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